

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51		/					
2	/						52	/						
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47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.							TOTAL IND.	7						
TOTAL DEP.							TOTAL DEP.	70						
TOTAL CLAIMS							TOTAL CLAIMS	77						

Best Available Copy